

**RYLA University 2024 for District 7475
June 30, 2024 – July 3, 2024
Drew University, Madison NJ**

Participant Authorization Form

Participants Name: _____ Date of Birth: _____

Participants Home Address: _____

Participants Mailing Address: _____

Participants Email Address: _____ Phone Number: _____

Parent/Guardian Name: _____ Relationship to Participant: _____

Parent/Guardian Home Address: _____

Parent/Guardian Mailing Address: _____

Parent/Guardian Email Address: _____ Phone Number: _____

In consideration of my child (as identified above and referred to herein and in other related documents as "Participant") being permitted to participate in the Rotary Youth Leadership Awards (RYLA) University 2024 for District 7475 (hereafter referred to as "RYLA") to be held June 30, 2024 through July 3, 2024 at Drew University, Madison, NJ and all associated activities I have read, understand, agree to the terms and conditions and have executed this two (2) page Participant Authorization Form in the three (3) sections required below. I also agree that the personal, health history and medical information that I have entered for the Participant on the website at www.TinyURL.com/RYLA-Forms-2024 is correct and accurately reflects the health information of the Participant and agree that that information is part of this document.

Section 1: Release, Waiver & Indemnity

I have read the RYLA Participant Handbook & Parent/Guardian Guide distributed to each Participant with their application. I understand that some activities in the program carry risk of physical injury and that the Participant will be encouraged to participate in those activities. I understand that these activities are a part of what has made the RYLA program so successful in the growth of young people and that the Participant has my approval to participate in all the activities of RYLA.

Participant, for himself or herself, his or her spouse, parents, legal representatives, heirs, and assigns, hereby releases, waives and discharges RYLA, Rotary International, Rotary District 7475, The Rotaract Club of Leadership and Service, their officers and members, all promoters, sponsors, advertisers, owners, and lessees of the premises upon which RYLA is conducted, and each of them, their officers and employees (referred to hereinafter as "Releases") from all liability to Participant, Participant's spouse, parents, legal representatives, heirs, and assigns, for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Participant's person or property, even injury resulting in the death of Participant, whether caused by the negligence of Releases or otherwise while Participant is participating in RYLA activities.

Participant and Parent or Guardian agrees to indemnify Releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of Participant in or upon RYLA premises or activities, whether caused by the negligence of Releases or otherwise.

Participant and Parent or Guardian hereby assumes full responsibility for the risk of bodily injury, death, or property damage, due to the negligence of Releases or otherwise, while in or upon RYLA premises or activities, and while competing, officiating in, working, or for any purpose participating in RYLA activities.

Participant and Parent or Guardian expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey; and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal force and effect.

Signature of Custodial
Parent/Guardian _____

Date: _____

Section 2: Health Care

Medication Administration

The Policy of RYLA University 2024 for District 7475 and its personnel is not to physically administer any medication to participants. Participants must be able to self-administer all of their medications.

Properly labeled medications will be stored at RYLA during the program in a secured space as required by New Jersey law. RYLA personnel will retrieve medications and supervise any participant self-administering medications and record this information in our medical log.

Special Needs

RYLA welcomes participants with special needs to our programs. Parents/guardians should discuss their participant's abilities/limitations with our RYLA staff. While RYLA will make reasonable accommodation to include special needs participants in our program, we also understand that the physical activities which are an integral part of the program may not be suitable for every participant and RYLA reserves the right to ask that a participant not participate in that part of the program. This request insures a safe and enjoyable experience for the participant as well as the other participants in the program.

COVID-19 Policy

RYLA adheres to the most-current New Jersey Department of Health guidelines and requirements. Consistent with Rotary as an organization that encourages and uses vaccines, we suggest all participants involved in RYLA get vaccinated against the COVID-19 virus. RYLA will not require vaccination, though it is strongly recommended. RYLA will not require participants to test for the virus prior to attending RYLA, though it is strongly recommended.

RYLA respects everyone's individual decision on whether to wear a mask at the program and ensure their comfortability in doing so. RYLA reserves the right to ask participants to test for COVID-19 and quarantine anyone who does test positive or contracts COVID-19 during the RYLA program. If someone is known to have the virus prior to the program starting, he or she will not be allowed to participate—this goes for both participants and volunteers. RYLA reserves the right to dismiss participants from the program if the program staff determine a participant's health status is a risk to others at the program.

This policy is subject to change depending on the health requirements, guidelines, and suggestions of the Center for Disease Control and Prevention (CDC) and/or New Jersey Department of Health.

Parent/Guardian Authorization for Health Care:

This health and medical history provided by me for the Participant named above on the RYLA University 2024 for District 7475 at www.TinyURL.com/RYLA-Forms-2024 is correct and accurately reflects the health status of the Participant to whom it pertains. The Participant described has permission to participate in all camp activities except as noted by me on the website. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child in an emergency situation. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy or scan this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat the Participant and these providers may talk with the program's staff about Participant's health status.

Signature of Custodial

Parent/Guardian _____

Date: _____

Section 3: Photo and Video Release

I hereby authorize RYLA to publish photographs or videos taken during RYLA University 2024 for District 7475 of the Participant and/or myself, and our names and likenesses, for use in RYLA's print, online and video-based marketing materials, as well as other RYLA publications.

I hereby release and hold harmless RYLA from any reasonable expectation of privacy or confidentiality for the Participant and/or myself associated with the images specified above. Further, I attest that I am the parent or legal guardian of the Participant and that I have full authority to consent and authorize RYLA to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I or the Participant will receive financial compensation of any type associated with the taking or publication of these photographs or videos or participation in RYLA marketing materials or other RYLA publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release RYLA, its contractors, its employees and any third parties involved in the creation or publication of RYLA publications, from liability for any claims by me or Participant in connection with participation in the program.

Signature of Custodial

Parent/Guardian _____

Date: _____

This form should be mailed to Bob Law, RYLA Registrar, 32 Cobblewood Road, Blairstown, NJ 07825 or scanned and emailed to bob.law.7475@gmail.com

Participation in the program will not be allowed unless this form is received signed in the three (3) places indicated by the Parent or Guardian.